

#### STATE OF NEW HAMPSHIRE

#### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

#### PLEASE PRINT

I. Name of Lob	byist(s) Lucas S.	Meyer, Andrew	J. Hosmer			
II. Name of lob	byist's partnership	, firm or corpo	ration, if any	:		
Preti Strate	gies, LLC					
······	(Name of partnershi	p, firm or corpora	tion)			•
57 North Ma	ain Street, PO Box 1	318 C	oncord	NH	03301	
Business Address	(Street)	(T	own/City)	(State)	(Zip Code	)
(603) 410-15	588	( )		e-mail lm	eyer@preti.com	_
(Telep	hone)		(Fax)			-
	nent covers: (Choos ense transactions w				you may file a separate r	eport for
All reportab	le transactions occur	ring in the mon	ths prior to the	e reporting date relative	ve to the following client:	
	Solar City					
0.70	(Full Name of	f Client as it appe	ars on the Lobb	yist Registration Form)		
	e transactions by the particular client.	lobbyist (inclu	ding the lobby	ist's family), or the lo	bbying firm listed below	which are
IV. Date of Rep Reports cover:	oort April 26, 20 activity from date of		/31/17	July 26, 2017 activity from 4/1/17 to		
	October 25 activity from 7/	, 2017 1/17 to 9/30/17		January 31, 20 activity from 10/1/17 to		
	ecked, complete just				ince the last report. ffice, State House, Room 2	[] 204,
VI Check if ad	ditional reports are	attached:				
	-		you must file	Addendum A- Fees	and Expenses	
=	paid an honorarium	=			<b>B</b> – Report of Honorarium	s or
If you, your	firm, or your family	has made polit	ical contributi	ons, you must file Ad	dendum C– Political Con	tributions
I have read RSA	ent/Affirmation by I A 15, RSA 15-B, RSA the best of my know	A 14-C and RSA		by swear or affirm th	at the foregoing information	on is true
(Signature of lo	obbyist)		-	- 1,20/20	(Date)	
Lucas S. Me	yer				RECEI	\/ <b>C</b> _
(Print Name of			-		, , LUEI	VEL

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NEW HAMPSHIRE DEPARTMENT OF STATE

# LEASE PRINT

### STATE OF NEW HAMPSHIRE



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's	partnership, firm or corporation, if a	ny:	
Preti Strategies Ll	LC		
(Name o	f partnership, firm or corporation)		
III. Name of Client	Solar City	Date	04/24/2017
to lobbying, including fe	at of all fees received from the client identifies for services such as public advocacy, go itoring legislation, and related legal work.	vernment relations, o	or public relations service
a) Total of all fees receive	ved in this reporting period	a) \$	0.00
	ived this calendar year, prior to this reporting ne total of all prior monthly reports for this c		0.00
c) Total of all fees recei (Add lines a and b		c) \$	0.00
d) Indicate the amount of yet been paid	of any such fees that are due, but have not	d) \$	11,875.00
fees. Scparate reports a the lobbyist(s)/firm that Expenses are to be repo during the reporting per- individual expenses whe lunch where the cost was being lobbied, purchase (c) an itemized statement any purpose not covered ceremonial object to be restaurant expenses for	artnerships, firms, or corporations are require to be filed for expenditures made relative are unrelated to any one client a separate orted in one of three categories of expenses iod for salaries, benefits, support staff, and are the expenditure was of \$25.00 or less (for \$25.00 or less, purchase of a pen with a very of a ceremonial object given to a person bet of each individual expenditure made during d by (a) (for example: purchase of a meal given to the subject of lobbying with a variate a legislative reception). Expenses for homotred on separate addendums and should not	e to each client and if e report may be file s: (a) the aggregate l office expenses; (b) or example: meals pu alue of less than \$10 ing lobbied with a va g this reporting period with value of greate lue greater than \$25, norariums, expense re	expenditures are made of for the lobbyist(s)/finitotal of all expenses pathe aggregate total of a trehased during a busine that is given to the persulue of \$25.00 or less); all of greater than \$25.00 or than \$25, purchase of but not greater than \$5 cimbursement, or political distributions.
support staff, and office of	ases for this reporting period for salaries, ber expenses, related directly or indirectly to lob	obying. a) \$	1,875.00
<ul><li>b) Total aggregate of explicit of explicit a), of \$25 or less.</li></ul>	penditures during this reporting period, not	геропеа b) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$11,875.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$11,875.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
none .	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
/	
los S. Myre	4/25/2017
(Signature of lobbyist)	(Date)
Lucas S. Meyer	
(Print Name of lobbyist)	

### STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Andrew J. Hosmer		
II. Name of lobbyist's pa	rtnership, firm or cor	poration, if any:	
Preti Strategies LLC			
(Name of pa	artnership, firm or corporation)		
III. Name of Client	Advisory of the second		DateApril 25, 2017
Political Contributions For each political contrib client/lobbyist and lobbyi			oter 664 paid on behalf of the
Full name of candidate:	Committee to Elect Hou	use Democrats	
- <del> </del>	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250.00	Office Candidate i	s Seeking
Full name of candidate:	New Hampshire Senate	Democratic Caucus	
run name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	250.00	Office Candidate is	s Seeking
If the contribution is an in-k actual cost of the in-kind co enter an estimated value and		a description of the good	de or services provided and enter th
Full name of candidate:			ution. If the actual cost is not known
Full name of candidate:	I the word "estimate."	ve for amount of contrib	

If the contribution is an in-kind contribution, provide a descript actual cost of the in-kind contribution on the line above for amounter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contribu	tions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and beli	0 0
Aff	April 25, 2017
(Signature of lobbyist)	(Date)
Andrew J. Hosmer	
(Print Name of lobbyist)	